

# FAX TRANSMISSION

DATE: June 9, 2003

PTO IDENTIFIER: Application Number 09/921,143-Conf. #6449  
Patent Number

Inventor: Timothy A. Coleman

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PAGES (Including Cover Sheet): 95

## CONTENTS:

1. Fax Cover Sheet (1 page);
2. Fee Transmittal with appropriate fee (1 page);
3. Petition Under 37 C.F.R. § 1.137(b) for Revival of an Unintentionally Abandoned Application (4 pages) with Exhibits A (1 page), B (10 pages), and C (74 pages); and
4. Certificate of Transmission Under 37 C.F.R. § 1.8(1 page).

If your receipt of this transmission is in error, please notify this firm immediately by collect call to (301) 610-5764 and send the original transmission to us by return mail at the address below.

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<b>FEE TRANSMITTAL for FY 2003</b>				<b>Complete if Known</b>	
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number	09/921,143-Conf. #6449
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	August 3, 2001
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)				First Named Inventor	Timothy A. Coleman
1,300.00				Examiner Name	Not Yet Assigned
				Art Unit	1653
				Attorney Docket No.	PF112P6

  

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<b>3. ADDITIONAL FEES</b>	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit account			
Deposit Account Number: 08-3425			
Deposit Account Name: Human Genome Sciences, Inc.			
The Debtor is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of the application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the above-identified deposit account			

  

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	275	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	320	2003	200	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	00	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

  

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims		Fee Paid	
Independent Claims		Fee from below		=	
Multiple Dependents		=		=	
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	04	2201	42	Independent claims in excess of 3	
1203	260	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	Reissue independent claims over original patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00

  

SUBMITTED BY		Complete (if applicable)	
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Signature		Telephone	(301) 610-5764
		Date	June 9, 2003